		2 5		'PLA
		d sta	É.	ounty.
	RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.		illage or C
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OZ	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme important. See instructions on back of certificate.	3 SI	ATE OF BIR
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0	S	be a	7 A	3 E
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щ	TH.	E st	80	CCUPATION
Ш	NK	Prop	pa	Trade, profession
~ ~	0	plied,	hus	General nature iness, or estat ch employed (or
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MARGIN RESERVED FOR BINDING	WITH	Every Item of information should be carefully su CAUSE OF DEATH in piain terms, so that it m important. See instructions on back of certificate.	PARENTS	11 BIRTHP OF FAT (State or
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village or City Neither accinosof R	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 64 St: Ward a headtal or lastitution
* FULL NAME Child Died beta	ven soud Phiro day Butternal
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Semale 4 COLOR OR RACE MARRIED, WISOWED, ORDIVORCED (Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h
7 AGE If LESS than f day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	The state of the s
(b) General nature of industry, Ausiness, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
9 BIRTHPLACE (State or country) Purch and Buttinger	Contributory (Secondary) Aad Ma (Doration) yrs mos ds.
10 NAME OF BUSCHARD Billinger 11 BIRTHPLACE OF FATHER	(Signed) Anysician , M. D
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (Sinte or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted.
Informant) Scanny Bender	If not at place of death? Former or asual residence.
(Address) ascident May	Place of Burial or REMOVAL DATE OF BURIAL
Filed 28 ,1914 ARishter REGISTRAR	Louise Sender Pacident 19
If more blanks are needed, address State Registrat	r, 6 E. Frankin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the statement. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing diffection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puraperal scotichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," valvular heart disease; Ohronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mall; ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can Never report For vio-



No.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD A WRITE PLAINLY, WITH UNFADING INK-THIS IS

Co	1 PLACE OF DEATH 638	STATE OF MARYLAND CERTIFICATE OF DEATH	
60		Registration Dist. No. 161	
Vi	liage or City Firendsville (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead	
	FULL NAME Folizah. M. A	Triend of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	4 COLOR OR RACE MARRIED, WIDOWED, WINDOWSOR OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
60/	(Month) (Day) (Year)	Lary 2rd, 1914, to Jarry 25, 1914, that I last saw h mualive on Jarry 25th, 1914	
7 AG	E It LESS than	and that death occurred on the date stated above, sb. 230 Pm.	
	7 7 yrs. 8 mos. 9 ds. 0R min. ?	The CAUSE OF DEATH* was as follows:	
(a)	Trade, profession, or Agarmer dicular kind of work	Mome mersical repulie	
busl	General nature of Industry, ness, or establishment in ch employed (or employer)	(Quration) yrs. mos. ds.	
9 BI (St	ATTHPLACE ate or country) Garrett Maryland	Gentributory (Secondary) (Duration) yrs mos ds.	
	10 NAME OF Jacob B Friend	(Signed) H. Mason, M. D.	
ENTS	OF FATHER (State or country) Townstate And	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
PAR	12 MAIDEN NAME OF MOTHER RUTHER A CASTION	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the ot death yrs mos ds. State yrs mos ds	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, It not at place of death? Former or	
	(Address) Free daville Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
16 Fil	ed Pan 27" 1914 Mmst. St. Ferend	Firen de ville ma Jan 27, 1814 20 UNDERTAKÉR ADDRESS	
=	freal REGISTRAR & Davag & Strundsvel		
	if more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting VS. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the husiness or indust, y, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. first line will be sufficient, e. g., Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," anqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

Ingma

childbirth or miscarriage, as "Tuerperal septichaeetc., when a definite disease can be ascertained as the by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for ample: Measles (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver regund of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convultions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) "Old Age," "Shock," Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may he stated under the head 'Traemia," "Weakness," (name origin; "Can Examples:



STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH ICIANS should Registered No. I'lf death occurred in St:Ward). a hospitat or institution. RECORD give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 16 DATE OF DEATH 4 COLOR OR RACE MARRIEO, Marris WIDOWED. endivorces (Write the word) (Menth) 1 HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 10 1 dayhrs. OR 7 SOCCUPATION GE (a) Trade, profession, or NX particular kind of work (b) General nature of Industry. business, or establishment in (Doration) which employed (or employer) ----9 BIRTHPLACE Contributory. (State or country) (Secondary) UNF 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER In the of inford (State or country of death State Where was disease contracted. If not at place of death? Former or 0 Item usual residence. mportant. Every ite PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman." it should he used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). ness. If retired from husiness, that fact may be indi-CAUSING DEATH, state occupation at heginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative heaithfulwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not minc, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the If the occupation has Farmer or Planter, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses

childbirth or miscarriage, as "Purrperal scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can he ascertained as the affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of _______ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mailsby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senife," etc.), "Dropsy," "Exhaustion, "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) may be stated under the head of (Recommendations on statement of State cause for



PLACE OF DEATH	STATE OF MARYLAND
1 Alanott 641)	CERTIFICATE OF DEATH
County Julian	Registered No. 163
1101	[if death occurred in
Village or City (No,	St.; Ward) a hospital or institution, give its NAME lastead of street and number 1
FULL NAME MAY CLANA	Messer and nomber.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOBOR RACE SINGLE, MARRIEO, WIDOWEO, OR OLOROTO (Write the word)	16 DATE OF OEATH (Month) (Day) (Year)
6 DATE OF BIRTH Flory 11 Bet 1912	HEREBY CERTIFY, They attended deceased from 191 (191), 191 (19) (19)
(Month) (Day) (Year)	that I last saw he alive on Ally 191 4
7 AGE If LESS than 1 day,hrs,	and that death occurred on the date stated above, at
yrsds. ORmin. ?	The CAUSE OF DEATH* was as follows:
® OCCUPATION	- Ho
(a) Trade, profession, or particular kind of work.	Heocolle
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mes. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary) Wration yrs mos ts.
10 NAME OF FATHER	(Signal) The Man M. D.
O 11 BIRTHPLACE	Dhynn, 191 (/(Address) / Persusu Tu Mis
Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of MOTHER Serbus Roal	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or county)	At place of death yrs. mos. ds. State yrs, mos. ds.
14 THE ABOVE TE THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(informant)	Former or usual residence. Flice wille, Mill,
(Address) / LIMA , ///	The second and the second seco
	20 ANDERTAKER SODRESS
Filed	With trustock Resment UV
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scottchaemus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails: oma. Sarcoma. etc., of . The contributory Measles (disease causing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Exhaustion," Never report Examples:



PLACE OF DEATH	STATE OF MARYLAND
Carrett Jarrett	CERTIFICATE OF DEATH
Gounty	Registered No. 166
10.1.1	
Village or City Walland (No.	St; Ward) [If death occurred la a hospital er Institution,
	give its NAME instead of street and number.]
ARILL NAME hat hance	Tours Lawren
- FULL NAME	11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Casery 14th 1914
WIDOWED,	(Month) (Day) (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on, 191
7 a.c.F. If LESS than	and that death occurred on the date stated above, st
Shee trans 1 day,	The CAUSE OF DEATH* was as follows:
yrsds. ORmin. ?	
6 OCCUPATION	Themales buth dust af.
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry,	
business, er establishment in which empleyed (er empleyer)	(Duration) yrs. mos. ds.
	Contributory (Secondary)
(State or country) Wali land Ma	(Depation) yrs mes s.
10 NAME OF	11/1 11/1/20
FATHER los factors	(Signed) , M. D.
OF SATHER	(Lece 14, 1914 (Address) Weller 19 1119
Z (State or country) Many lacoc	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
(State or country) Many laced, 12 MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a felia Coline Morte	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Many Love	At place In the
	of death yrs mes ds. State yrs mes. ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Juny Jacolius	Fermer or usual residence
Mallenge Ina	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Willand Ma fry 16, 1914
Charland No	20 UNDERTAKER ADDRESS
Filed 191 191 191 191 191 191 191 191 191 19	10 8 Bold Mull has
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
IT mate higher are massed address pirts media fr.	m, v m. staumtin St., Daito, Aequesting v. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (rettred 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, totanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," wound of head-homicide; Poisoned (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For VIO-



1 PLACE OF DEATH

. S. No. 1.

County Hamit	CERTIFICATE OF DEATH Registered No. 170
Village or City wollow (No.)	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Volute Stingle, Snigle Wale Volute (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw halive on, 191, 191
7 AGE 1 LESS than 1 day,hrs. 0 Rmin.?	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows: Thooping Cough
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary) (Deration) yrs mos do
10 NAME OF FATHER William H Pringle	(Signed) Lev 13 Brown Lo Reg , ** 0
OF FATHER (State or country) 12 MAIDEN NAME (1)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Otta Circold 13 BIRTHPLACE OF MOTHER (State or country) Mid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds.
(Informant) Mrs Etta Pringle	Where was disease contracted, it not at place of death? Former or usual residence.
(Address) avillor Mid Fited 191	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ROUSSON Centery 4, 1914. 20 UNDERTAKER, ADDRESS
REGISTRAR	John Steele avillar Mid

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not pald Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the biseask Servant. Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples additional line is provided for the latter statement the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia"); Lobar pneumonia; Bronchopneumonia ("Pueumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECTARD FEB 6 1914 BURBALAS.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING MARGIN RESERVED

/c	PLACE OF DEATH 643	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Oarceard (No	Registered No. 166
	* FULL NAME Amus Anules	St; Ward) a hospital or institution give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1e	cuse Whit Single, Warries, Widoweb, Widoweb, Write the word)	16 DATE OF DEATH See (Menth) (Day) (Year)
6 p	ATE OF BIRTH May, 3, 1831	that I last saw h alive on
7 A	(==,)	and that death occurred on the date stated stove at m
	2 ds. or. min.?	The CAUSE F DEATH* was as follows
(a) par (b) busi	CCUPATION) Trade, profession, or recommendation of work. Genoral nature of Industry, iness, or establishment in ch employed (or employer)	Jaon follow the flood 108 (Doration) yrs. mos. ds.
9 81	RTHPLACE tate or country) Mansford	Contributory (Secondary)
S	10 NAME OF BUURLE 11 BIRTHPLACE	(Signed) M. Cartinon yrs mos ds.
RENT	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental
PAF	of Mother June Moon	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place lo the of death yrs mos ds.
14 _T	HE ABOVE TO THE BUT OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
,	(Address Deer Poric MA	19 PLAGE OF BURIAL OR REMOVA DATE OF BURIAL
15 File	of Can 7 th, 1914 Harrand & Jones REGISTRAR	29 UNDERTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of Ilibeen changed or given up on account of the DISEASE Scruant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As cxamples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver seound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT nEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FEB 8 1914
BURREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

'PLACE OF DEATH

E	ounty Bandt.	CERTIFICATE OF DEATH Registered No. / 67
V	"FULL NAME John Il.	St; Ward) [If death occurred a hospital or lostitution give its NAME loster of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	rale. 4 COLOR OR RACE MARRIED, Married Wildowsto, Wildowsto, Wildowsto, Wildowsto, Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	(Month) (Day) (Year)	that I last saw has allye on Dec 28
pa:		and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows: Secural Debetty
bus whi	iness, or establishment in ch employed (or amployer)	Contributory (Secondary)
ITS	11 BIRTHPLACE (State or country)	(Signed) (Address) Caurag Aba
PARENTS	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 _T	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place lo the of death yrs, mes, ds. State yrs, mes, ds. Where was disease contracted, If not at place of death?
15	(Address) Cake elle	Former or usual residence
Fik	Deputy- Rott. Cathrem REGISTRA	20 UNDERTAKER ADDRESS ADDRESS ADDRESS
	If more blanks are needed, address State Registra.	r, 6 E. Frankin St., Balto., Requesting V. S. Ne. 1.

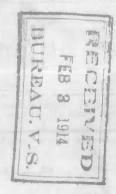
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal statement. first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons (g

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ceredirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold disease); Typhoid fever (never report "Typhold disease); Lobar phenomia; Bronchophenumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc... Carcin-

cblldbirth or miscarriage, as "PUERPERAL scptichaecause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senife," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. "Contributory." dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.). is less definite; avoid use of "Tumor" for mails-The contributory "Old Age," "Shock," "Uraemla," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," ."Exhaustion, (name origin; "Can-State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

PLACE OF DEATH 04:	STATE OF MARYLAND
County Manett	CERTIFICATE OF DEATH
County	Registered No. 166
Village or City Calaland (No.	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
* FULL NAME Thomas Yes	ald Wellsing
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH
8 DATE OF BIRTH May 13, 1906	Jan 7, 1914, to Jan 13, 1914,
(Month) (Day) (Year), 7 AGE If LESS than	and that death occurred on the date stated above, at
	The CAUSE OF BEATH * was as follows:
e occupation (a) Trade, profession, or particular kind of work	Intercular Saryngitis
(b) Genoral nature of Industry, business, or establishment in which employed (or employer)	(Doration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Manyland	Contributory (Secondary)
10 NAME OF FATHER Charles Willing	(Signed) John (Address) Jahland Md
OF FATHER (State or country) Meat Marginia 12 MAIDEN NAME OF MOTHER 12 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 10 MOTHER 10 MOTHER 11 MOTHER 12 MOTHER 13 MOTHER 14 MOTHER 15 MOTHER 16 MOTHER 17 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 18 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 19 MOTHER 10 MOTH	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Oreland	1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds, State yrs, mos, ds.
(Informant) Charles Alelland	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Caklang, Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Care 14 1, 191. 4 Narrand Specistran	20 UNDERTAKER ADDRESS
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
V	The second was the second modules of the second sec

[Approved by U. S. Census and American Fublic Health Association.]

the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specirtatement. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal naterial worked on may form part of the second statement. Never return "Laborer," "Forcman," Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as (a) Spinner, Statement of occopation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head of childbirth or miscarriage, as "PUERPERAL scptichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old .Age," "Shock," "Uraemia," "Weakness," genital," "Senite." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the American Medical Association.) injury, as fracture of skuii, and consequences (e. g., dent; Revolver round of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for

